Universal Health Coverage = Mental and Physical Health

Everyone has a right to the enjoyment of the highest attainable standard of physical and mental health. But mental health has been left behind.

- Over three-quarters of people with mental health conditions in low- and middle-income countries receive no support at all
- Depression has become the leading cause of ill health for all ages and suicide a major killer of young people worldwide
- Yet governments, on average, allocate less than 2% of their health spending and donors devote less than 1% of global health aid to mental health
- The global cost of mental illness at nearly $2.5 trillion (two-thirds in indirect costs) in 2010, with a projected increase to over $6 trillion by 2030 ii, iii

Mental and physical health cannot be separated. HIV is a case in point: individuals with unsupported mental health conditions, such as depression, anxiety, and substance use disorders are less likely to seek testing for HIV and/or TB iv and follow advice given in response to their test result. v Mental health conditions adversely impact medication adherence for HIV, TB, and TB/HIV coinfection. vi, vii, viii As a result, they are significant risk factors for developing drug-resistance, ix loss to follow up and death. x It is hard to see how the global HIV target of 90-90-90 will be reached without investment in mental health services.

There is no universal health coverage without mental health.

1. Equity
UHC is a rights-based approach to health. The poorest and most marginalised groups – such as refugees or sexual minorities – are often those most in need of mental health support, yet health system reform to achieve UHC too often does not include mental health service provision. Or it only provides secondary or tertiary care – not the vitally important community and primary health care many need. UHC must include equal access to mental health services.

2. Quality
UHC means delivering an essential service package of adequate quality that meets the needs of the population being served. If mental health services are not included then this cannot be achieved. Community-based services centred in primary healthcare systems (founded on strong secondary level care and referral pathways) provide the best opportunity to reach entire populations including those hardest to reach. xii Quality mental health services must be fully integrated throughout health systems if UHC is to be achieved.

3. Finance
Not having the ability to pay for care should never be a barrier for a person with a mental ill health accessing treatment. The vast majority of mental health services are low-cost with a very high return on investment – depression services alone return $5.3 for every $1 invested. xiii To increase the efficiency of health spending, and to address the needs of the greatest numbers of the population, the high proportion of spending on mental hospitals and tertiary level facilities needs to change. Services need to be delivered at community level. Investment needs to increase: at least 5% of a country’s health budget must be allocated to mental health in low- and middle-income countries rising to 10% in high-income countries. And to address the needs of the most marginalised, development assistance for mental health must rise to US$1 billion per year.

Starting at this World Health Assembly, all governments and relevant stakeholders must ensure mental health prevention, care and service delivery activities are integral to the policy and practice of Universal Health Coverage (UHC) and delivery of the SDGs.

Copies of this briefing, including all references, and further information are available from: james@unitedgmh.org
Endnotes

1 https://www.who.int/news-room/fact-sheets/detail/mental-disorders
12 WHO (2018), Mental Health Atlas 2017, WHO
13 Chisholm et al 2016